

REPORTS INVENTORY						CONTROL NO. <span style="float: right;">feeder report for DDS/OL/PD-1</span>		
<b>PREPARE IN DUPLICATE</b>								
1. TITLE OF REPORT (if a fill-in report include Form No.)  Monthly Statistical (Unofficial Internal Form)						2. TYPE OF REPORT <div style="display: flex; justify-content: space-between;"><div style="width: 100px;"><input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING</div></div>		
3. FUNCTIONAL AREA		<div style="display: flex; justify-content: space-between;"><div style="width: 100px;"><input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL</div><div style="width: 100px;"><input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE</div></div>		ADMIN. GENERAL OTHER (specify)				
4. NO. OF COPIES PREPARED  Orig & 1		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Monthly		6. DISTRIBUTION (No. of components not number of copies) C/PD & originating office				
7. FORMAT (memorandum, form computer print-out, etc) Typed internal form		8. ADP PROCESSING <div style="display: flex; justify-content: space-between;"><div style="width: 100px;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div style="width: 100px;">IF YES GIVE ADP PROCESSING NO.</div></div>		9. DIRECTIVE AUTHORITY REQUIRING REPORT  PD Memorandum No. 71-1				
10. PREPARING COMPONENT (include lowest level contributing information to report)  OL/PD/CSS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR	
GS-4	\$2.81	3		\$8.43	12		\$101.16	
GS-13	\$9.40	1/6		\$1.56	12		\$ 18.84	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR						\$120.-0		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <div style="display: flex; justify-content: space-between;"><div style="width: 100px;"><input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE</div><div style="width: 100px;">OTHER (explain)</div></div>						ESTIMATED SAVINGS		
						MAN-HOURS	DOLLARS STAT	
16. DATE OF INVENTORY  22 Sept 70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130141-7					18. EXTENSION <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	